

# SC & ISC Training: IDD Connects ISP Service Summary Review

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**BE D·B·H·D·D**

Georgia Department of Behavioral Health & Developmental Disabilities

Ron Singleton  
IDD Budget Manager  
April 12, 2023



# Today's Topics

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- **Community Residential Alternative & Respite Overview**
  - Policy
  - Categories & Rates
  - Level of Need
  - Capacity - Community Residential Alternative (CRA)
  - Host Home/Life Sharing Settings
  - ISP & Prior Authorization Development (CRA)
  - In Home & Out of Home Respite
  - ISP & Prior Authorization Development (Respite)

# Community Residential Alternative & Respite Services

Services Defined

# Community Residential Alternative Services

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These services are targeted for people who require intense levels of residential support in small group settings of four or less, foster homes, or host home/life sharing arrangements and include a range of interventions with a particular focus on training and support in one or more of the following areas: eating and drinking, toileting, personal grooming and health care, dressing, communication, interpersonal relationships, mobility, home management, and use of leisure time.

These services are only available in the Comprehensive Supports Waiver Program (COMP).

# Respite Services

Respite Services provide brief periods of support or relief for family or other unpaid caregivers of individuals with disabilities. Respite is provided in the following situations: 1) When families or other unpaid caregivers are in need of support or relief in order to leave the home for periods during the day or overnight; 2) When the individual needs relief or a break from the caregiver; 3) When relief from caregiving is necessitated by unavoidable circumstances, such as a family emergency.

These services are available in the Comprehensive Supports Waiver Program (COMP) and New Options Waiver Program (NOW) and is an option for self-direction.

# Community Residential Alternative & Respite Services

Policy

# Community Residential Alternative Services - Policy

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## Comprehensive Supports Waiver Program (COMP) Part III, Chapter 2300

### Basis for Reimbursement & Reimbursement Rates

- Chapter 2300, Section 2308
- Appendix A

# Respite Services - Policy

Comprehensive Supports Waiver Program (COMP)  
Part III, Chapter 3100

New Options Waiver Program (NOW)  
Part III, Chapter 2600

## Basis for Reimbursement & Reimbursement Rates

- Chapter 3100, Section 3108 (COMP)
- Chapter 2600, Section 2608 (NOW)
- Appendix A



# Community Residential Alternative

## Categories & Rates

# Community Residential Alternative – Categories & Rates

<b>Residential Setting</b>	<b>Residential Capacity</b>	<b>Category</b>	<b>Rate</b>
Group Home	3-Person	Category 1 (Level 1)	\$210.32
Group Home	3-Person	Category 2 (Level 2)	\$276.92
Group Home	3-Person	Category 3 (Level 3,4)	\$308.05
Group Home	3-Person	Category 4 (Level 5,6,7)	\$326.85
Group Home	4-Person	Category 1 (Level 1)	\$182.29
Group Home	4-Person	Category 2 (Level 2)	\$253.05
Group Home	4-Person	Category 3 (Level 3,4)	\$282.43
Group Home	4-Person	Category 4 (Level 5,6,7)	\$299.67
Group Home	5-Person	N/A	\$186.94
Host Home	1-2 Person	Category 1 (Level 1)	\$160.06
Host Home	1-2 Person	Category 2 (Level 2)	\$198.40

\*2-Person Group Home Residents Are Authorized With 3-Person Group Home Rates

# Respite Services

## Categories & Rates

# Respite Services – Categories & Rates

Respite Setting	Service Name	Category	Unit of Service	Annual Maximum
In Home	Respite - 1 Member	Category 1	\$5.17	\$4,935.17
In Home	Respite - 2 Member	Category 1	\$2.85	
In Home	Respite - 3 Member	Category 1	\$2.07	
In Home	Respite - 1 Member	Category 2	\$5.17	\$6,731.24
In Home	Respite - 2 Member	Category 2	\$2.85	
In Home	Respite - 3 Member	Category 2	\$2.07	
Out of Home	Respite - 15 Minutes - Out of Home	Category 1	\$5.17	\$4,935.17
Out of Home	Respite - 15 Minutes - Out of Home	Category 2	\$5.17	\$6,731.24
Out of Home	Respite - Daily	Category 1	\$164.52	\$4,935.60
Out of Home	Respite - Daily	Category 2	\$224.39	\$6,731.70

# Community Residential Alternative & Respite Services

Level of Need

# Community Residential Alternative and Respite Services – Level of Need

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Community Residential Alternative Services and Respite Services are delivered according to **level of need**, or Assessment Level, which correspond to rate categories, or ‘tiers’, which reflect the fact that individuals with more significant needs require more intensive supports. Each waiver individual’s **level of need** is determined by the Health Risk Screening Tool and the Supports Intensity Scale. Detailed description of the assessed levels and correlation to need categories can be reviewed at:

<https://dbhdd.georgia.gov/residential-and-respite-cost-study>

# Descriptions of Assessment Levels

**Figure 3: Descriptions of Assessment Levels\***

<b>Level 1</b>	Individuals in this level have largely mild support need and little to no support for medical or behavioral conditions. They can manage many aspects of their lives independently or with monitoring and prompting rather than physical assistance. This includes activities like bathing, dressing, and eating, as well as activities such as shopping or accessing the community.
<b>Level 2</b>	Individuals in this level have modest-to-moderate support needs and little to no support for medical or behavioral conditions. Although they need more support than those in Level 1, their support needs are minimal in a number of life areas.
<b>Level 3</b>	Individuals in this level have little to moderate support needs as in Levels 1 and 2, but they also have significant support needs due to medical or behavioral conditions.
<b>Level 4</b>	Individuals in this level have moderate-to-high support needs, requiring more frequent supports that may include physical assistance in several daily life activities.
<b>Level 5</b>	Individuals in this level have the most significant support needs, generally requiring frequent physical assistance in numerous daily life activities.
<b>Level 6</b>	Individuals in this level have exceptional medical conditions that result in the need for enhanced supports (in terms of the amount or specialization).
<b>Level 7</b>	Individuals in this level have exceptional behavioral challenges that result in the need for enhanced supports (in terms of the amount or specialization).
* Adapted from research and materials produced by the Human Services Research Institute	

# Assessment Levels Criteria

**Figure 4: Assessment Levels Criteria**

Assessment Level	Supports Intensity Scale		Health Risk Screening Tool
	Sum of Sections 2A, 2B, and 2E*	Section 1B (Behavioral)	
1	8 to 24	Less Than 7	Low Risk (HCL 1-2)
2	25 to 30	Less Than 7	Low Risk (HCL 1-2)
3.1	0 to 30	7 to 10	Low Risk (HCL 1-2)
3.2	0 to 30	Less Than 11	Moderate Risk (HCL 3-4)
4	31 to 36	Less Than 11	Low or Moderate Risk (HCL 1-4)
5	37 to 52	Less Than 11	Low or Moderate Risk (HCL 1-4)
6	Any	Less Than 11	High Risk (HCL 5-6)
7	Any	11 to 26	Any

\*Section 2A relates to Home Support Needs, 2B to Community Support Needs, and 2E to Health and Safety Needs



# Crosswalk of Assessment Levels to Rate Categories

<b>Figure 5: Crosswalk of Assessment Levels to Rate Categories</b>			
<b>Assessment Level</b>	<b>Group Home Rate Category</b>	<b>Host Home Rate Category</b>	<b>Respite - Overnight Rate Category</b>
1	Category 1	Category 1	Category 1
2	Category 2		
3	Category 3		
4			
5	Category 4	Category 2	Category 2
6			
7			

# Community Residential Alternative and Respite Services – Level of Need

An individual's Level of Need (Assessment or 'Support' Level) is determined by DBHDD using a web-based system developed by the Human Services Research Institute (HSRI).



# Community Residential Alternative and Respite Services – Level of Need

Verity Analytics, a system developed by the Human Services Research Institute (HSRI) and accessible only by the staff of DBHDD.

The screenshot displays the Verity Analytics dashboard interface. At the top left, the logo reads "VERITY ANALYTICS" with a house icon and "Developed by HSRI" below it. The top right corner shows a user greeting: "Welcome, Ronald.Singleton@dbhdd.ga.gov" with a user profile icon and a dropdown arrow. A left-hand navigation menu is visible, containing sections for Home, Roster Management (with sub-items: Manage Roster, Manage Participant Groups), Assessment Management (with sub-items: Manage SIS, Manage HRST), and Support Level Management (with sub-items: View Support Levels, Complete Verifications, Complete Confirmations). The main content area features a "Welcome!" header with a home icon and a help icon. Below this, five colored cards present key statistics: 7311 Participants Served (red card with person icon), 169 Participants without SIS Assessments (green card with person and list icon), 123 Participants without HRST Assessments (blue card with refresh icon), 41 Participants Awaiting Verification (purple card with first aid kit icon), and 29 Participants Awaiting Confirmation (dark blue card with bell icon).



Category	Count
Participants Served	7311
Participants without SIS Assessments	169
Participants without HRST Assessments	123
Participants Awaiting Verification	41
Participants Awaiting Confirmation	29

# Community Residential Alternative and Respite Services – Level of Need

Information from Verity Analytics will be imported into IDD Connects weekly.  
This process will begin in the very near future.

### Service Summary

**Coming Soon!**

[Refresh](#)  

Status:

Assessment Level:

Modified Date:

Date Completed:

<input checked="" type="checkbox"/>	Service Description	PA Approved	Detailed Service Description	Recom
No records found				

1 / 10

Minimum FTF Visit Frequency:

# Community Residential Alternative

## Capacity

# Community Residential Alternative – Capacity (Group Homes)

Group Home rates are based on the licensed **Capacity** of the home rather than occupancy. Healthcare Facility Regulation (HFR), a division of the Department of Community Health (DCH), is responsible for licensing facilities in Georgia.

<https://dch.georgia.gov/divisionsoffices/healthcare-facility-regulation>

## Licensed Group Home settings (2) are as follows:

### Community Living Arrangement (CLA)

- Provider-operated residence with license capacity approval of four or fewer residents.

### Personal Care Home (PCH)

- Provider-operated residence with license capacity approval of four or fewer residents.

DBHDD recognizes several Group Homes throughout Georgia that are licensed for five or more residents. New group homes with more than five beds have not been permitted for several years, but existing homes have been permitted to continue operating. If one or more vacancies occur such that there are three or four members in the home, the provider may seek to limit the home's licensed capacity to three or four members. However, the provider will not be able to later seek to place more than four members in that home. The rate for members in homes with more than four residents is \$158.67 per unit.

# Community Residential Alternative – Capacity Verification

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Licensed **Capacity** verification can be done using either of the two methods below:

1. Healthcare Facility Regulation's (HFR) Find a Facility website:
  - <https://forms.dch.georgia.gov/HFRD/GaMap2Care.html>
2. A copy of the provider's HFR license/permit

# Community Residential Alternative – HFR Website


<https://forms.dch.georgia.gov/HFRD/GaMap2Care.html>



	Name ↑↓	Facility Type ↑↓	Address ↑↓	City ↑↓	State ↑↓	Zip ↑↓	County ↑↓	Bed Capacity ↑↓	Telephone ↑↓	Effective Date of License ↑↓
+		COMMUNITY LIVING ARRANGEMENT	5723 SAINT THOMAS DRIVE	LITHONIA	GA	30058	DEKALB	3	7709121055	02/12/2016
	Name	Facility Type	Address	City	State	Zip	County	Bed Capacity	Telephone	Effective Date of License



# Community Residential Alternative – HFR License/Permit

 **GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH**

**STATE OF GEORGIA**  
**COMMUNITY LIVING ARRANGEMENT PERMIT**

This is to certify that a permit is hereby granted to

\_\_\_\_\_ to maintain and operate a  
(Name of Governing Body)

Community Living Arrangement named as \_\_\_\_\_ for 4 residents.  
(Name of Residence) (number served)

Said residence and premises are located at \_\_\_\_\_  
(Street)

in MARTINEZ 30907 County of COLUMBIA, Georgia.  
(City or Town) (Zip Code)

Permit effective date is Wednesday, August 19, 2020 and remains in effect unless revoked or suspended.

"This permit is granted pursuant to the authority vested in the Department of Community Health pursuant to O.C.G.A. Secs. 31-7-1 and 37-1-22 and signifies that its facilities and operations comply with the Rules and Regulations of the Department of Community Health on the date this permit was issued."

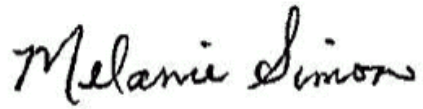
THIS PERMIT IS NOT TRANSFERABLE

PERMIT NO. \_\_\_\_\_

In Witness Whereof, we have hereunto set our hand this 25TH day of AUGUST, 2020

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

  
\_\_\_\_\_  
Melanie Simon, Division Chief

# Community Residential Alternative – Current Rates (Group Homes)

Bed Capacity: 2 & 3



Bed Capacity: 4



Bed Capacity: 5+



Capacity	Procedure Code	Rate
3 PERSON	T2033-U1-UP	\$210.32
	T2033-U2-UP	\$276.92
	T2033-U3-UP	\$308.05
	T2033-U4-UP	\$326.85

Capacity	Procedure Code	Rate
4 PERSON	T2033-U1-UQ	\$182.29
	T2033-U2-UQ	\$253.05
	T2033-U3-UQ	\$282.43
	T2033-U4-UQ	\$299.67

Capacity	Procedure Code	Rate
5 PERSON	T2033-U5-UR	\$186.94

Group Home rates are based on the licensed **Capacity** of the home rather than occupancy.

# Community Residential Alternative – Group Home Rate Scenario

**Bed Capacity: 5+**



All three residents living in a Group Home licensed for 5 will all receive the rate associated with a **5 Person** home.



**3 Residents**

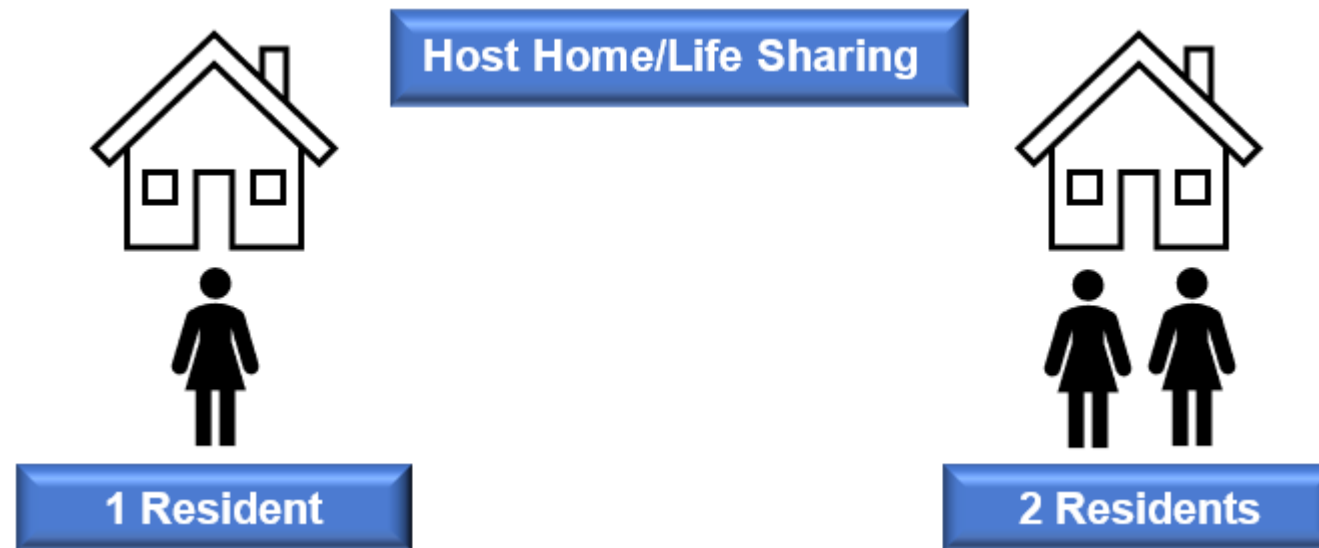
Rate per resident: \$186.94

Community Residential Alternative

Host Home/Life Sharing Site

# Community Residential Alternative – Host Home/Life Sharing

Host Home/Life Sharing sites are not required to be licensed. Host Home/Life Sharing service rates are based on the category or tier of each resident. The overview of this process can be found in the **'Assessment Levels Overview – Revised'** document on the DBHDD Residential and Respite Cost page located on this site: <https://dbhdd.georgia.gov/residential-and-respite-cost-study>.



Category	Procedure Code	Rate
CATEGORY 1	T2017-U1	\$160.06
CATEGORY 2	T2017-U2	\$198.40

Community Residential Alternative

Individual Service Plans & Prior Authorizations

# Individual Service Plan Review Policy (Policy Stat)

## The Service Planning Process and Individual Service Plan Development, 02-438

<https://gadbhdd.policystat.com/policy/11222352/latest>

### C. Responsibilities of Each Team Member



3. Responsibilities of other planning team members include the following tasks:


- c. Service providers are required to review each annual ISP, within the online case management system, within five (5) business days following draft approval, and contact the SC or ISC with any concerns about service delivery,

# Community Residential Alternative – Service Summary

## Four Potential Residential Settings

### Service Summary

[Refresh](#)  

Status:  Assessment Level:  Modified Date:  Date Completed: 

	<input type="checkbox"/>	Service Description	PA Approved	Detailed Service Description
1	<input type="checkbox"/>	Community Residential Alternative		CRA - Category 4 - 3 Person
2	<input type="checkbox"/>	Community Residential Alternative		CRA - Category 4 - 4 Person
3	<input type="checkbox"/>	Community Residential Alternative		CRA - Group Home - 5 Person
4	<input type="checkbox"/>	Community Residential Alternative		CRA - Category 2 - Host Home

1 10



# Community Residential Alternative – Service Summary – Step #1

## Identify the Setting and Capacity

Residential Setting: A Group Home at **2381 Rimmele Drive, Lawrenceville, GA**

Facility Type ↑↓	Address ↑↓	City ↑↓	State ↑↓	Zip ↑↓	County ↑↓	Bed Capacity ↑↓	Telephone ↑↓	Effective Date of License ↑↓
COMMUNITY LIVING ARRANGEMENT	2381 RIMMELE DRIVE	LAWRENCEVILLE	GA	30044	GWINNETT	2	6785184156	03/23/2005

Verification Options: HFR Website **or** a License from HFR (From Provider)

# Community Residential Alternative – Service Summary – Step #2

## Verify the Assessment Level (With Assistance from the Field Office)

**Service Summary** Coming Soon! Refresh Download Print

Status: In-Progress    Assessment Level:     Modified Date:     Date Completed:

<input checked="" type="checkbox"/>	Service Description	PA Approved	Detailed Service Description	Recom
No records found				

Navigation: « « 1 » » 10

Remove Service Add New Service    Minimum FTF Visit Frequency:

Verification Option: Field Office (Not Provider Agency)

# Community Residential Alternative – Service Summary – Step #3



## Verify the Category Based on Assessment Level

Assessment Level of 6: Category 4 (Group Home) or Category 2 (Host Home)

Assessment Level	Group Home Rate Category	Host Home Rate Category	Respite - Overnight Rate Category
1	Category 1	Category 1	Category 1
2	Category 2		
3	Category 3		
4			
5	Category 4	Category 2	Category 2
6			
7			

# Community Residential Alternative – Service Summary – Step #4

## Adjust Service Summary Accordingly

**Service Summary** [Refresh](#)  

Status:       Assessment Level:       Modified Date:       Date Completed:



Detailed Service Description	Recommendation From/Date	Amount	Unit	Frequency
<input type="text" value="CRA - Category 4 - 3 Person"/>		<input type="text" value="344.00"/>	<input type="text" value="Day(s)"/>	<input type="text" value="Annually"/>

◀ ◁ 1 ▷ ▶ ▶▶


Amount	Unit	Frequency	Duration of Service
344	Day(s)	Annually	12 Months

# Community Residential Alternative – Service Summary – Scenario #1

## Service Summary Update: Capacity Change

**Service Summary** [Refresh](#)  

Status:       Assessment Level:       Modified Date:       Date Completed:

Detailed Service Description	Recommendation From/Date	Amount	Unit	Frequency
CRA - Category 4 - 3 Person		344.00	Day(s)	Annually
CRA - Category 4 - 4 Person		344.00	Day(s)	Annually

1 / 10

Amount	Unit	Frequency	Duration of Service	Both Service Lines
344	Day(s)	Annually	12 Months	

# Community Residential Alternative – Prior Authorization – Scenario #1

## Prior Authorization Update: Capacity Change

					SAME PROVIDER	
Service Name	Procedure Code	Units	Start Date	End Date	Provider	
CRA - Category 4 - <b>3 Person</b>	T2033-U4- <b>UP</b>	120	1/1/2023	4/30/2023	HOMES R US	
CRA - Category 4 - <b>4 Person</b>	T2033-U4- <b>UQ</b>	224	5/1/2023	12/31/2023	HOMES R US	


					DIFFERENT PROVIDER	
Service Name	Procedure Code	Units	Start Date	End Date	Provider	
CRA - Category 4 - <b>3 Person</b>	T2033-U4- <b>UP</b>	120	1/1/2023	4/30/2023	HOMES R US	
CRA - Category 4 - <b>4 Person</b>	T2033-U4- <b>UQ</b>	224	5/1/2023	12/31/2023	RESIDENTIAL INC	

# Community Residential Alternative – Service Summary – Scenario #2

## Service Summary Update: Assessment Level Change

**Service Summary** [Refresh](#)

Status:       Assessment Level:       Modified Date:       Date Completed:

Detailed Service Description	Recommendation From/Date	Amount	Unit	Frequency
<input type="text" value="CRA - Category 4 - 3 Person"/>		<input type="text" value="344.00"/>	<input type="text" value="Day(s)"/>	<input type="text" value="Annually"/>
<input type="text" value="CRA - Category 3 - 3 Person"/>		<input type="text" value="344.00"/>	<input type="text" value="Day(s)"/>	<input type="text" value="Annually"/>

Navigation: 1 / 10

Amount	Unit	Frequency	Duration of Service	Both Service Lines
344	Day(s)	Annually	12 Months	

# Community Residential Alternative – Prior Authorization – Scenario #2

## Prior Authorization Update: Assessment Level Change

Service Name	Procedure Code	Units	Start Date	End Date	Provider
CRA - <b>Category 4</b> - 3 Person	T2033- <b>U4</b> -UP	120	1/1/2023	4/30/2023	HOMES R US
CRA - <b>Category 3</b> - 3 Person	T2033- <b>U3</b> -UP	224	5/1/2023	12/31/2023	HOMES R US




# Community Residential Alternative – Service Summary – Scenario #3

## Service Summary Update: Setting Change

**Service Summary** [Refresh](#)

Status: In-Progress    Assessment Level:     Modified Date:     Date Completed:

Detailed Service Description	Recommendation From/Date	Amount	Unit	Frequency
CRA - Category 4 - 3 Person		344.00	Day(s)	Annually
CRA - Category 2 - Host Home		344.00	Day(s)	Annually

1 / 10

Amount	Unit	Frequency	Duration of Service	Both Service Lines
344	Day(s)	Annually	12 Months	

# Community Residential Alternative – Prior Authorization – Scenario #3

## Prior Authorization Update: Setting Change



						<b>SAME PROVIDER</b>
Service Name	Procedure Code	Units	Start Date	End Date	Provider	
CRA - Category 4 - 3 Person	T2033-U4-UP	120	1/1/2023	4/30/2023	HOMES R US	
CRA - Category 2 - Host Home	T2017-U2	224	5/1/2023	12/31/2023	HOMES R US	

						<b>DIFFERENT PROVIDER</b>
Service Name	Procedure Code	Units	Start Date	End Date	Provider	
CRA - Category 4 - 3 Person	T2033-U4-UP	120	1/1/2023	4/30/2023	HOMES R US	
CRA - Category 2 - Host Home	T2017-U2	224	5/1/2023	12/31/2023	RESIDENTIAL INC	

# Community Residential Alternative – Service Summary – Scenario #4

## No Service Summary Update: Location/Provider Change

- Group Homes: No Change with Bed Capacity Regardless of a Location or Provider Change
- Host Homes: No Change to Category or Tier Regardless of a Location or Provider Change

**Service Summary** [Refresh](#)  

Status:  Assessment Level:  Modified Date:  Date Completed:

Detailed Service Description	Recommendation From/Date	Amount	Unit	Frequency
<input type="text" value="CRA - Category 4 - 3 Person"/>		<input type="text" value="344.00"/>	<input type="text" value="Day(s)"/>	<input type="text" value="Annually"/>

◀ 1 ▶ 10 ▶

Amount	Unit	Frequency	Duration of Service
344	Day(s)	Annually	12 Months

# Community Residential Alternative – Prior Authorization – Scenario #4

## Prior Authorization Update: Location/Provider Change

- Group Homes: No Change with Bed Capacity Regardless of a Location or Provider Change
- Host Homes: No Change to Category or Tier Regardless of a Location or Provider Change

					SAME PROVIDER
Service Name	Procedure Code	Units	Start Date	End Date	Provider
CRA - Category 4 - 3 Person	T2033-U4-UP	120	1/1/2023	4/30/2023	HOMES R US
CRA - Category 2 - Host Home	T2017-U2	224	5/1/2023	12/31/2023	HOMES R US

					DIFFERENT PROVIDER
Service Name	Procedure Code	Units	Start Date	End Date	Provider
CRA - Category 4 - 3 Person	T2033-U4-UP	120	1/1/2023	4/30/2023	HOMES R US
CRA - Category 2 - Host Home	T2017-U2	224	5/1/2023	12/31/2023	RESIDENTIAL INC

# Respite Services

In Home & Out of Home

# Respite Services – Key Facts

- **In Home Respite**

- Services provided in the individual's own or family home.
- The unit of service is 15 minutes or \$1 = 1 unit for self direction.
- Annual maximum of \$4,935.17 for Category 1.
- Annual maximum of \$6,731.24 for Category 2.

- **Out of Home Respite**

- Services provided outside the individual's own or family.
- The unit of service is 15 minutes, daily or \$1 = 1 unit for self direction.
- Annual cap of 30 units for daily services.
- Annual maximum of \$4,935.60 for Category 1.
- Annual maximum of \$6,731.70 for Category 2.
- Approved providers may deliver out of home respite services in a host home managed by a Community Residential Alternative provider or in a licensed Personal Care Home, Community Living Arrangement, or Child Caring Institution.

# Respite Services

Individual Service Plans & Prior Authorizations

# Respite Services – Service Summary

## Five Potential Options

Service Summary					Refresh		
Status	Assessment Level	Modified Date	Date Completed				
<input type="text" value="In-Progress"/>	<input type="text"/>	<input type="text"/>					
	<input type="checkbox"/>	Service Description	PA Approved	Detailed Service Description			
1	<input type="checkbox"/>	Respite Services		Respite - In-Home - 15 min			
2	<input type="checkbox"/>	Respite Services		Respite - Daily - Category 1			
3	<input type="checkbox"/>	Respite Services		Respite - Daily - Category 2			
4	<input type="checkbox"/>	Respite Services		Respite - Out of Home - 15 Min - Category 1 (Eff 3/1/202			
5	<input type="checkbox"/>	Respite Services		Respite - Out of Home - 15 Min - Category 2 (Eff 3/1/202			

Navigation: 1 / 10



# Respite Services – Service Summary – Step #1

## Verify the Assessment Level (With Assistance from the Field Office)

**Service Summary** Coming Soon! Refresh Download Print

Status: In-Progress    Assessment Level:     Modified Date:     Date Completed:

<input checked="" type="checkbox"/>	Service Description	PA Approved	Detailed Service Description	Recom
No records found				

Remove Service Add New Service    Minimum FTF Visit Frequency:

Verification Option: Field Office (Not Provider Agency)

# Respite Services – Service Summary – Step #2



## Verify the Category Based on Assessment Level


Assessment Level of 6: Category 2

Figure 5: Crosswalk of Assessment Levels to Rate Categories			
Assessment Level	Group Home Rate Category	Host Home Rate Category	Respite - Overnight Rate Category
1	Category 1	Category 1	Category 1
2	Category 2		
3	Category 3		
4			
5	Category 4	Category 2	Category 2
6			
7			

# Respite Services – Service Summary – Step #3

## Adjust Service Summary Accordingly

**Service Summary** [Refresh](#)  

Status:       Assessment Level:       Modified Date:       Date Completed:  

Detailed Service Description	Recommendation From/Date	Amount	Unit	Frequency
<input type="text" value="Respite - Daily - Category 2"/>		<input type="text" value="15.00"/>	<input type="text" value="Day(s)"/>	Annually
<input type="text" value="Respite - Out of Home - 15 Min - Category 2 (Eff 3/1/202)"/>		<input type="text" value="120.00"/>	<input type="text" value="Hour(s)"/>	Annually

◀ ◁ 1 ▷ ▶ ▶▶ 10 ▼

Daily and 15 Minutes Combined Cannot Exceed the Annual Maximum

# Respite Services – Prior Authorization

## Prior Authorization

Service Name	Procedure Code	Units	Start Date	End Date	Provider
Respite - Daily - Category 2	S5151-U1-UJ	15	1/1/2023	12/31/2023	RESPITE INC
Respite - Out of Home - 15 Min - Category 2 (Eff 3/1/2021)	S5150-U3	480	1/1/2023	12/31/2023	RESPITE INC

Please Contact the Field Office Operations Analyst for Prior Authorization **'Unit'** Updates

## **Common Circumstances for Service Summary Updates**

- Increase or Decrease of ‘Amount’ or ‘Duration of Service’
- ‘Category’ Change as a Result of an Increase or Decrease of an Assessment Level
- Change or Update in Service Delivery Option:  
Traditional/Self Direction

# Questions

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